



FORM  
ORG  
(Rev. 5/2013)



HAWAII STATE ETHICS COMMISSION  
ORGANIZATION'S EXPENDITURES AND CONTRIBUTIONS REPORT

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REPORT YEAR: 2013

☐ Amended Statement

For Lobbying Reporting Period: ☐ January 1 - last day of February

☒ March 1 - April 30

STATE OF HAWAII  
STATE ETHICS COMMISSION  
☐ May 1 - December 31

ORGANIZATION INFORMATION

Organization Name ILWU Local 142

Contact Person Guy K. Fujimura

Mailing Address (Number and Street or P.O. Box)

451 Atkinson Drive

City

Honolulu

State

HI

Zip Code

96814

Telephone 949-4161 Extension

Email Address

PART I. TOTAL EXPENDITURES

	Total Amount
1 Preparation & Distribution of Lobbying Materials	1
2 Media Advertising	2
3 Postage	3
4 Compensation Paid to Lobbyists (Attached Additional Sheets As Needed) List the names of all lobbyists and compensation paid to lobbyists during the statement period	
Lobbyist Name	Compensation Paid
A.	A.
B.	B.
C.	C.
D.	D.
E.	E.
F.	F.
G. Total from Additional Attached Sheet(s)	G.
Add lines A through G	Total Compensation Paid 4
5 Fees Paid to Consultants (other than to Lobbyists)	5
6 Entertainment & Events	6
7 Receptions, Meals, Food & Beverages	7
8 Gifts	8
9 Loans	9
10 Other Disbursements	10
Add lines 1 through 10	Total Expenditures - 0 -

**EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY***List all expenditures incurred by lobbyist for the purpose of lobbying of \$25 or more per person per day during the statement period.*

Name	On Behalf of ORG	Amount or Value

☐ Check here if additional sheets are attached**AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON***List all expenditures incurred by lobbyist for the purpose of lobbying in the total sum of \$150 or more per person during the statement period.*

Name	On Behalf of ORG	Amount or Value

☐ Check here if additional sheets are attached**PART II. CONTRIBUTIONS RECEIVED***List all contributions received by lobbyist for the purpose of lobbying in the total sum of \$25 or more per person during the statement period.*

Name	On Behalf of ORG	Amount or Value

☐ Check here if additional sheets are attached**PART III. SUBJECT AREAS OF LOBBYING***Legislative and/or administrative action in the following areas was supported or opposed during the statement period:*

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> Agriculture                              | <input checked="" type="checkbox"/> Education                      | <input checked="" type="checkbox"/> Human Services                                     | <input checked="" type="checkbox"/> Science, Technology & Economic Development |
| <input checked="" type="checkbox"/> Communications & Public Utilities        | <input checked="" type="checkbox"/> Government Operation & Finance | <input checked="" type="checkbox"/> Intergovernmental Relations, International Affairs | <input checked="" type="checkbox"/> Tourism & Recreation                       |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce           | <input type="checkbox"/> Hawaiian Affairs                          | <input checked="" type="checkbox"/> Labor & Employment                                 | <input checked="" type="checkbox"/> Transportation                             |
| <input checked="" type="checkbox"/> Culture, Arts, Historic Preservation     | <input checked="" type="checkbox"/> Health                         | <input checked="" type="checkbox"/> Planning, Land & Water Use Management              | <input type="checkbox"/> Other (indicate below):                               |
| <input checked="" type="checkbox"/> Ecology, Energy Environmental Protection | <input checked="" type="checkbox"/> Housing                        | <input checked="" type="checkbox"/> Public Safety & Corrections                        |  |

**AUTHORIZED PERSON**

Guy K. Fujimura                      Secretary-Treasurer    7/15/2013  
 Print Name of Authorized Person (First M.I. Last)      Title                      Date (m/d/yyyy)

☒ **CERTIFICATION:** By checking this box, you signify and affirm that you are the person whose name appears as the "Authorized Person" above and the information contained in the form is true, correct and complete to the best of your knowledge and belief. You further certify that you understand that there are statutory penalties for failing to report the information required by Hawaii law.